



Department of Environmental Quality, Waste and Hazardous Materials Division

HAZARDOUS WASTE INSPECTION

DATE: _____ GEN. I.D.# _____

FACILITY'S NAME _____

FACILITY LOCATION ADDRESS _____

CITY _____ ZIP: _____ COUNTY _____

WASTE CODE	PROCESS WASTE IS GENERATED FROM

Reason for Inspection: _____ Routine _____ Follow-Up _____ Complaint

PERSON(S) INTERVIEWED	TITLE	TELEPHONE NUMBER

INSPECTOR'S NAME	AGENCY	TELEPHONE NUMBER

Primary business of facility: _____

Does the facility discharge a process wastewater to the local POTW that would otherwise be a RCRA regulated waste? _____ no _____ yes (If yes, send copy of this cover sheet to SWQD).

Is the facility subject to air emission standards for process vents managing hazardous waste with organic concentrations of at least 10 ppmw? If yes, circle the type of operation(s): DISTILLATION FRACTIONATION THIN-FILM EVAPORATION SOLVENT EXTRACTION
AIR OR STREAM STRIPPING (If yes, send a copy of this cover sheet to AQD).

[illegible]

CHECK FORMS USED	GENERAL CATEGORIES OF FACILITIES
	C E S Q G
	LIW GENERATOR
	SMALL QUANTITY GENERATOR
	SMALL QUANTITY GEN TANK SYSTEM
	GENERATOR
	GENERATOR TANK SYSTEM
	SMALL QTY UNIVERSAL WASTE HANDLER
	LARGE QTY UNIVERSAL WASTE HANDLER
	USED OIL ACTIVITIES
	TRANSPORTER
	WOOD PRESERVER

CHECK FORMS USED	GENERAL CATEGORIES OF FACILITIES
	PERMITTED GENERAL T S D F
	INTERIM GENERAL T S D F
	GENERATOR APPENDIX
	TANK SYSTEM
	PERMITTED SURFACE IMPOUNDMENT
	PERMITTED WASTE PILE
	PERMITTED LAND TREATMENT
	PERMITTED LANDFILL
	MISCELLANEOUS UNITS
	PERMITTED ORGANIC AIR EMISSIONS- PROCESS VENTS
	PERMITTED ORGANIC AIR EMISSIONS- EQUIPMENT LEAKS
	INTERIM GW MONITORING (USE WITH SUBPARTS K,L, M, & N)
	INTERIM SURFACE IMPOUNDMENT
	INTERIM WASTE PILE
	INTERIM LAND TREATMENT
	INTERIM LANDFILL
	INTERIM CHEMICAL, PHYSICAL & BIOLOGICAL TREATMENT
	INTERIM ORGANIC AIR EMISSIONS FROM PROCESS VENTS
	INTERIM ORGANIC AIR EMISSIONS FROM EQUIPMENT LEAKS